



INDOOR & RADIOLOGICAL HEALTH BRANCH  
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## NOTIFICATION FOR AIR CONDITIONING AND VENTILATION

Notification is to be used for air conditioning and ventilation system installations not requiring a Form-1 application. Refer to *Title 11, Chapter 39, "Air Conditioning and Ventilating"* for applicable projects. Submit attachments if necessary.

### I. GENERAL INFORMATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Authorized Individual \_\_\_\_\_ Phone \_\_\_\_\_  
Project Name \_\_\_\_\_  
Project Address \_\_\_\_\_  
\_\_\_\_\_

### II. TYPE OF INSTALLATION

☐ Air Conditioning      ☐ Kitchen Exhaust      ☐ Toilet Exhaust  
☐ Other (please specify) \_\_\_\_\_

### III. CERTIFICATION OF AUTHORIZED INDIVIDUAL

I hereby certify that I have knowledge of the facts here in set forth and that the same are true and correct to the best of my knowledge and belief. This notification constitutes an acknowledgement and agreement that the authorized individual will comply with all rules, regulations and orders of the department.

Signature \_\_\_\_\_ Date \_\_\_\_\_